0

and the second s	ې _{رىي. ئىللىك} ا ئېزىدى يو د ئوپ مايۇن ھەنتىدۇ قۇللىقىقىلىدۇ خۇرىد	salva valistaju urbrija	्रकार विदेशीयोग्ने सुद्धा क्षेत्री क्षेत्री क्षेत्र कार्या क्षेत्र कार्या क्षेत्र कार्या क्षेत्र कार्या क्षेत्र स्थान	Najarian na ang pagalan	
PLACE OF BIRTII					
1. County of Gely	ARI	ZONA STATE B	OARD OF HEALTH		
District of	_	•			
Town of Landew	BUREAU OF VITAL STATISTICS		State Index No.	117	
or	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No.		
City of	No		Local Registrar No		
2. Full name of child Tina		<i>/</i> .	St. ution, give its NAME instead of street		
3. Sex of Child To be answered ONLY }	4. Twin, triplet or other		If child is not yet supplemental report	named, make , as directed.	
Generale in event of plural births.	5. No., in order of birth.		7. Date of birth Day	1127	
8. FATHER	,	14.	MOTHER	Toat	
Full name Cetavanu D	Chane	Full maiden name	Selexan Rdol	2/	
9. Residence (Usual place of abode)		15 Residence (Usual place of about	•	race T	
If non-resident, give place and state. Play due		If non-resident, give place and state,			
10. Color or race		16 Color or race			
Mille (11. Age at last birthday		Divieau	17. Age at last birthday	9 (Venre)	
12. Birthplace (city or place) Egnas Caluely		18. Birthplace (city or place) agun Calente			
(State or country) Mexico		(State or country) Mexico			
13. Occupation Laborer		19. Occupation			
Nature of Industry Paper Swetter		Nature of industry Nowelland			
) Born alive and now livi	ng 6 21. W	ere precautions taken against opt	<u></u>	
) Born alive but now dea) Stillborn		salmia neonatorum?	•	
CERTI	FICATE OF ATTENDING	PHYSICIAN OR MID			
I hereby certify that I attended the birth of th	is child, who was	Born alive or station.)	m, on the date	above stated	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	Signature After	ria Plemes	(Physician ar midwid	e), <u> </u>	
shows other evidence of life after birth.					
Given name added from a supplemental report. Month. day, year Filed July 29, 1927					
539-721-	339 Filed	, 19	Local	Registrar.	
Registrar			County	Registrar.	

•

0

17